MONTHLY OPERATING REPORT

CHAPTER 11

CASE NAME:	Prevalence Hea	alth, LLC
CASE NUMBER	R: 09-02016 EE	For Period December 1 to December 31,2010
		R THE END OF THE MONTH. The debtor must attach each of the following forms unless equirement in writing. File with the court and submit a paper copy to UST with an original
Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one -	attached or waived)	
{ }	{X }	Comparative Balance Sheet (FORM 2-B)
{ }	{X}	Profit and Loss Statement (FORM 2-C)
{X}	{ }	Cash Receipts & Disbursements Statement (FORM 2-D)
{ }	{X}	Supporting Schedules (FORM 2-E)
{ }	(X)	Narrative (FORM 2-F)
{ }	(X)	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)
I declare under p best of my knowl Executed on:	ledge and belief.	following Monthly Operating Report and any attachments thereto, are true and correct to the Debtor(s)*: Prevalence Health, LLC
		By:** 11. N. Lefter 2
		Position: Liquidating Agent
		Name of preparer: H. K. Lefoldt, Jr.
		Telephone No. of Preparer 601-956-2374
* both debtors m	ust sign if a joint petition	

^{**} for corporate or partnership debtor

CASE NAME: Prevalence Health, LLC CASE NUMBER: 09-02016 EE

QUARTERLY FEE SUMMARY

MONTH ENDED December 31, 2010

Payment Date January February March	Cash Disbursements * \$ 499,937 \$ 763,379 \$ 601,386		Quarterly Fee Due	Check No.	Date
Total 1st Quarter	\$1,864,702	\$	6,500	61434	4/26/10
April May June Total	\$ 436,370 \$ 567,203 \$ 398,040				
2nd Quarter	\$_1,401,613	\$	6,500	61435	7/29/10
July August September Total	\$ 149,406 \$ 87,482 \$ 13,035				
3rd Quarter	\$ 249,923	\$	1,950		
October November December Total	\$ 13,962 \$ 1,169 \$ 14,724				
4th Quarter	\$ <u>29,855</u>	\$	650		
	DISBURSEMENT O	CATEG	ORY QUAR	TERLY FEE DU	Æ
	\$0 to \$14,999.99 \$15,000 to \$74,999.9 \$75,000 to \$149,999 \$150,000 to \$224,99 \$225,000 to \$299,99 \$300,000 to \$999,99 \$1,000,000 to \$1,999 \$2,000,000 to \$2,999 \$3,000,000 to \$4,999 \$5,000,000 to \$14,999 \$15,000,000 to \$29,9 \$30,000,000 or more	.99 9.99 9.99 9.99 9,999.9 9,999.9 99,999.	9 9 99 · ·	\$325 \$650 \$975 \$1,625 \$1,950 \$4,875 \$6,500 \$9,750 \$10,400 \$13,000 \$20,000 \$30,000	

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

^{*} Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are not of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.



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Jackson 210 E Capitol ST Main 210 East Capitol Street Jackson, MS 39201

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00052894 01 AV 0.335 001 PREVALENCE HEALTH LLC ATTN: H KENNETH LEFOLDT JR PO BOX 2848 RIDGELAND MS 39158-2848

ACCOUNT #

9001277993

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COMMERCIAL ANALYZED CHECKING

December 1, 2010 through December 31, 2010

SUMMARY

\$377,446 Minimum Balance \$377,404.39 Beginning Balance \$98,533.35 + Deposits & Credits \$260.00 Withdrawals \$284.38 Fees + \$0.00 **Automatic Transfers** \$14,170.68 Checks \$461,222.68 **Ending Balance**

DEPOSITS & CREDITS

12/01 12/02 12/03 12/09 12/16 12/23 12/29 12/30	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949101127 Deposit - Thank You Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949101204 Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949101211 Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949101218 EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949101225		42.18 2,459.52 85,832.50 1,535.15 5,348.43 598.36 519.85 2,197.36
		Total Deposits & Credits	\$98,533.35

WITHDRAWALS

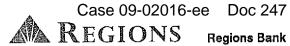
12/02 12/22	Merchant Servi Pitnev Bowes	ce Merch Fee Health Allianc 8003547554 Postage Debtor IN Poss 42906255		60.00 200.00
12122	Filliey Dowes	1 03tago Bobtot III 1 000 12000200		
			Total Withdrawals	\$260.00

SOME THE STATE OF THE STATE OF

284.38 Analysis Charge 11-10 12/09

CHECKS

Date	Check No.	Amount		<u>Date</u>	Check No.	Amount
12/07	61442	14,170.68				



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PREVALENCE HEALTH LLC ATTN: H KENNETH LEFOLDT JR PO BOX 2848 RIDGELAND MS 39158-2848

ACCOUNT #

9001277993

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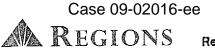
3 of 3

Proprojection Helm (fro. No. 1965) (action 1965) (action 1965) (action 1965)	74 7226	STEAM OF STA	61442 123,700
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Check# 61442

12/07/2010

\$14170.68



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00052895 01 AV 0.335 001 PREVALENCE HEALTH LLC CHAPTER 11 DEBTOR IN POSSESSION CASE NO#09-02016-EE ATTN H KENNETH LEFOLDT JR PO BOX 2848 RIDGELAND MS 39158-2848

ACCOUNT #

0101894579

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COMMERCIAL ANALYZED CHECKING

December 1, 2010 through December 31, 2010

	S	UMMARY	
Beginning Balance Deposits & Credits Withdrawals Fees Automatic Transfers Checks Ending Balance	\$8.50 \$0.00 + \$8.50 - \$0.00 - \$0.00 - \$0.00	Minimum Balance	\$0

12/07	Closing Withdrawal				8.5
		DAILY BALAN	ICE SUMMARY		
Date	Balance	Date	Balance	Date	Balance
12/07	0.00				

You may request account disclosures containing terms, fees, and rate information (if applicable) for your account by contacting any Regions office.

For all your banking needs, please call 1-800-REGIONS (734-4667). or visit us on the Internet at www.regions.com. Thank You For Banking With Regions!

Easy Steps to Balance Your Account

Checkina Account

		7.000
1.	Write here the amount shown on statement for ENDING BALANCE	\$
2.	Enter any deposits which have not been credited on this statement.	\$ +
3.	Total lines 1 & 2	\$
4.	Enter total from 4a (column on right side of page)	\$
5.	Subtract line 4 from line 3. This should be your checkbook balance.	\$ =

4a List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

Check No.	Amount	
	\$	
	\$	_
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
,0.10.	\$	_
	\$	
	\$	
	\$	
	\$	
Total Enter in Line 4 at Left	\$	

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

> Summary of Our Error Resolution Procedures In Case of Errors or Questions About Your Electronic Transfers Telephone us toll-free at 1-800-444-2867 (or, if in Birmingham area, 326-5667) or write us at Regions Electronic Funds Transfer Services Post Office Box 413 Birmingham, Alabama 35201

As soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

(1) Tell us your name and account number.

(2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and up do not receive it within ten (10) business days for the amount you think is in error. complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

New Accounts- If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error. If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL THE PHONE NUMBER ON THE REVERSE SIDE OF THIS STATEMENT OR VISIT YOUR NEAREST REGIONS LOCATION.

ADJ - Adjustment EB - Electronic Banking

RI - Return Item NSF - Nonsufficient Funds CR - Credit

APY - Annual Percentage Yield

SC - Service Charge FWT - Federal Withholding Tax OD - Overdrawn *Break in Number Sequence

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0010318301 AV 0.335001 PREVALENCE HEALTH LLC ATTN H KENNETH LEFOLDT JR PO BOX 2848 RIDGELAND MS 39158-2848

ACCOUNT #

0121078971

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BUSINESS MONEY MARKET

October 1, 2010 through December 31, 2010

		SUM	MARY	
Beginning Balance Deposits & Credits Net Interest Earned Withdrawals Fees Automatic Transfers Checks Ending Balance	\$938,913.02 \$0.00 \$710.24 \$0.00 \$0.00 \$0.00 \$939,623.26	+ + - + -	Minimum Balance Average Balance Annual Percentage Yield Earned Interest This Period Average Collected Balance 2010 YTD Interest	\$939,383 \$939,383 0.30% \$710.24 \$939,149.53 \$5,093.78

		INTE	REST		
10/29 11/30 12/31	Interest Payment Interest Payment Interest Payment				223.82 247.04 239.38
				Total Net Interest	\$710.24
		DAILY BALAI	NCESUMMARY		
Date	Balance	Date	Balance	<u>Date</u>	Balance
10/29	939,136.84	11/30	939,383.88	12/31	939,623.26

You may request account disclosures containing terms, fees, and rate information (if applicable) for your account by contacting any Regions office.

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